



CALIFORNIA STATE SENATE EMPLOYMENT APPLICATION

Last Name First Name Middle Initial

Social Security #

Address

(_____) _____
Area Code Home Phone

City State Zip Code

(_____) _____
Area Code Work Phone

EMPLOYMENT DATA

Position Desired:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Salary Desired:	Date Available to Begin Work:	
Have you ever worked for the State Legislature before? Yes <input type="checkbox"/> No <input type="checkbox"/>		House:
Have you ever worked for the State of California before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Department:
Name of Current Employer:		May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Referred to Senate Rules Committee by:		
If related to a current Senate employee, please list name and relationship:		
Are you currently receiving, or have you made application for, retirement benefits under the Public Employees' Retirement System? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EDUCATION

List school name and location, beginning with high school:	Major	Degree	Years Completed	Did you graduate?

Do you have any other experience, training, qualifications, or special skills, which you feel may make you especially suited in performing the job for which you are applying? If so, please explain:

Have you ever been convicted of a felony? Yes ☐ No ☐

EMPLOYMENT RECORD

(Start with current or most recent employer and include military service, if any. Attach additional sheets if necessary.)

Company Name:		Job Title and Duties		Reason for leaving
Address:				
City:	State:			
From (mm/yy):	To (mm/yy):			
Supervisor:				
Phone:				
Hours per week:	Ending Salary:			

Company Name:		Job Title and Duties		Reason for leaving
Address:				
City:	State:			
From (mm/yy):	To (mm/yy):			
Supervisor:				
Phone:				
Hours per week:	Ending Salary:			

Company Name:		Job Title and Duties		Reason for leaving
Address:				
City:	State:			
From (mm/yy):	To (mm/yy):			
Supervisor:				
Phone:				
Hours per week:	Ending Salary:			

Certification: I declare under the penalty of perjury, that this statement has been completed by me and to the best of my knowledge and belief, is a true, correct, and complete statement in answer to the questions contained herein.

SIGNATURE:

DATE: